

Jewish Federation of Greater Kansas City  
*everywhere. everyday.*

**RABBI GERSHON HADAS GUARDIAN SOCIETY FOR JEWISH CHILDREN  
APPLICATION FOR  
CAMP SCHOLARSHIP ASSISTANCE**

**APPLICATION DEADLINE: MARCH 1**

NAME OF CAMP PROGRAM: \_\_\_\_\_

DATES OF CAMP PROGRAM: \_\_\_\_\_

The Guardian Society is a community fund available to the Jewish children of Greater Kansas City. For many years, this scholarship program has enabled thousands of young people to participate in Jewish summer camp.

**GUARDIAN SOCIETY IS A THIRD SOURCE FOR FINANCIAL ASSISTANCE. APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE APPLICANT HAS SUBMITTED A SCHOLARSHIP REQUEST TO HIS/HER CONGREGATION AND THE FAMILY MAKES A MEANINGFUL CONTRIBUTION TO THE COST OF THE PROGRAM.**

PLEASE READ THIS APPLICATION THOROUGHLY PRIOR TO COMPLETION.

THIS YEAR'S FEDERAL TAX RETURN OR W2 IS REQUIRED WITH THIS APPLICATION. BOTH FEDERAL TAX RETURNS/W2'S ARE NECESSARY FOR FAMILIES WITH SEPARATE HOUSEHOLD INCOMES.

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS YEAR'S TAX RETURN OR W2.**

All information is confidential. **You will be notified by April 15.**

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_ AGE/GRADE \_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

What religious school does the student attend? \_\_\_\_\_

With whom does the student live?

Both Parents \_\_\_\_\_ Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

**PARENT/GUARDIAN 1:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

**PARENT/GUARDIAN 2:**

NAME: \_\_\_\_\_ AGE/GRADE \_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

**RELATED INFORMATION:**

Are other children attending other summer programs? \_\_\_\_\_

Has your family ever received scholarship aid from the Guardian Society? \_\_\_\_\_

When? \_\_\_\_\_

Are you requesting financial aid from other sources? \_\_\_\_\_ From where? \_\_\_\_\_

Please explain any circumstances of which the committee should be aware in considering your application (use other side of page if necessary).

**FINANCIAL RECAPITULATION:**

TOTAL COST OF THE PROGRAM \$ \_\_\_\_\_  
(Do NOT include domestic travel expenses)

SCHOLARSHIP AID FROM CONGREGATION \$ \_\_\_\_\_

WORK SCHOLARSHIP EARNINGS \$ \_\_\_\_\_  
(If your Congregation sponsors such a program)

PASSPORT TO ISRAEL ACCOUNT \$ \_\_\_\_\_

FUNDS FROM SPONSORING ORGANIZATION \$ \_\_\_\_\_

MAXIMUM AMOUNT FROM FAMILY RESOURCES \$ \_\_\_\_\_

ADDITIONAL ASSISTANCE NEEDED \$ \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**STUDENT ESSAY:**

Student is to write an essay (50 words or less) on:

“WHY I WOULD LIKE TO ATTEND THIS CAMP”  
(50 words or less)

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**IMPORTANT NOTICE TO THE APPLICANT:**

By signing this application requesting financial assistance, the applicant hereby agrees that in the event a scholarship is awarded but the student does not participate in the program, parents will inform the organization sponsoring the camp program and request that the funds be returned to the Jewish Federation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

**RETURN TO:**

Rabbi Gershon Hadas Guardian Society, Attn. Andi Milens  
Jewish Federation of Greater Kansas City  
5801 West 115th Street - Suite 201, Overland Park, Kansas 66211  
or email [andim@jewishkc.org](mailto:andim@jewishkc.org)

**APPLICATION DUE MARCH 1.**